



P.K.N. ARTS & SCIENCE COLLEGE

(A Self-financing Co-educational Institution Affiliated to Madurai Kamaraj University)
P.O.Box. No.28, P.K.N. Nagar,Vidathakulam Road, Tirumangalam - 625 706
MADURAI DISTRICT. Phone : (04549) 208098
Website : www.pkncollege.com e-mail : pkncollege@yahoo.in

Passport Size
Photograph

APPLICATION FORM FOR ADMISSION TO POST GRADUATE AND DIPLOMA IN POST GRADUATE COURSE

NAME OF THE COURSE	ONLINE APPLICATION
1. NAME	
2. Date of Birth	3. Age Years Months
4. Sex	M F
5. Nationality	6. Religion
7. Community	8. Caste
SC / ST	MBC / DNC
BC	OC
9. Father's Name	Occupation
Mother's Name	Annual Income
Guardian (state relationship)	
10. Address for Communication	Phone / Contact : STD :
11. i) Are you physically Handicapped?	YES / NO
ii) If yes, furnish xerox copy of the certificate obtained from authorised Medical officer together with a Photograph	
12. i) Are you a Son/Daughter of Ex-Service man of TamilNadu	YES / NO
ii) If yes, Produce a Xerox copy of the evience	
13. i) Distinction in Sports / NCC / NSS	YES / NO
ii) If yes, Produce xerox copy of the certificate pertaining to College / University / State level participation	
14. Does the Applicant need Hostel Accomodation	YES / NO
15. Name and place of the College previously Studied	
16. Name of the University	
17. Name of the Qualifying degree	MAJOR
	MEDIUM
	ANCILLARIES
18. Register Number :	Month and year of Passing :
19. State whether Semester or Non - Semester :	

PARTICULARS OF MARKS

SUBJECT	Marks Obtained	Maximum Marks	Percentage of Marks	Class Obtained
Part - I Language / Alternative Subject				
Part - II English				
(B.A / B.Sc.) PART - III Major : Ancillary - I : Ancillary - II : (Mention the name of the Major & Ancillary Subject)				
Total Marks in Major & Ancillaries				
(B.Com / B.B.A) PART - III Group - A : Group - B : Group - C :				
Total Marks in Group B & C				
Any Other Degree				
Lecturer who verified the documents Signature : Name :				
		Attested	→ signature → Designation	

DECLARATION

I declare that the particulars given above are correct and that I agree to abide by the rules and regulations of the college and to take part in curricular and co - curricular activities of the College. I assure not to take part in political and unlawful activities both inside and outside the college. I shall not claim any refund of fees paid to the college and shall pay the semester fees due if my ward chooses to leave the institution at any time.

Signature of the Applicant.

I agree to abide by the rules and regulations of the college. I shall not claim any refund of fees paid to the college and shall pay the semester fees due, if my ward chooses to leave the institution at any time.

Place : Signature of the Parent / Guardian

Date :

Note : 1. All the columns in this application should necessarily be filled in.
2. Application which is defective in particulars will be rejected.

To be filled in by the Office Course : Admission No : Roll No : 30% Concession in tuition fees a) Eligible - YES / NO b) Mention the Category - c) Certificates Submitted - YES / NO d) Lecturer who verified the document : Signature : Date : <th>Payment of fees</th> <th>Amount Paid</th> <th>Receipt No.</th> <th>Date</th>	Payment of fees	Amount Paid	Receipt No.	Date
	Application Registration fee			
	Tuition and Special fee			

Order of the Principal

Signature :
Date :